

1- MOUTH

Candidiasis

Diagnosis:

White coated tongue, geographic tongue, and poor suckling

D.D from dry coated milk on tongue

If removed with spatula or tongue depressor → milk

If not removed + Pain +ve → candidiasis

If no pain suspect of candidiasis → no ttt

TTT

1- Nystatin drops

Trade names: **Nystatin drops**, **Mycostatin** drops, **Fungistatin** drops

Sublingual, not over the tongue

كل 8 ساعات / 6 ساعات حسب الحالة او السن

2- Miconazole oral gel

Trade names: **Miconaz** oral gel, **Buccazole** oral gel, **Micazole** oral gel, **Daktarin** oral gel
العلبة ب 18 جنية (العلبة 20 جرام باقي العلبة 5 جرام)

لمدة اسبوع \ 8 ساعات

May be used as prophylaxis → Minor candidiasis after start of antibiotics.

Fever, ABs → ↑ candidiasis

3- تركيبة

جنتيانا 70% و كربون اسنان احمر خالي من الادرينالين و 30% جلسرين

Gentian violet 70% → antifungal

Carbon → local anesthetic

Glycerin 30% → soothing agent

Herpetic stomatitis

Diagnosis: minute ulcer of tongue, mouth up to tonsils → cannot swallow even water → up to it may need IV fluids especially if Immune-compromised it may even lead to → Dehydration

TTT

Local anesthetics

- 1- **Xylocaine** viscous (like milk) Adhesive to tongue → severe anesthesia to tongue
- 2- **Dentocaine oral gel** [2.5 L.E]
- 3- **Orofar** oral gel
- 4- **B.B.C spray**

If not sure candida or herpes → **Micoban oral gel** (antifungal + local anesth)

Or Gentian violet 70% + glycerin 30% + carbon red

Not used → Severe pain (salivex lotion ><) local cautery → severe pain

Aphthous stomatitis

Minute ulcer – 2-3 ulcers any part of mouth white color, with erosion, red area

Cause: unknown, Vit B& E def., regurge, esophageal reflex, psychological

TTT → needs time to complete cure

Best one → شيلكوسيلين دنتال باست → ↑ healing → defective in market

Wipe the ulcer → drying of ulcer

Mundizal oral gel Regularity كل ساعتين ثلاثة كثير

Micoban oral gel

Gentian violet + glycerin + كريون اسنان احمر

If no response → psychological pain or GERD (TTT for GERD)

Good diet, easy swallowed, high caloric PTN diet

If herpetic so severe, neonates, immune-comp, corticosteroids therapy → systemic antiviral

Acyclovir

Trade names: **Zovirax, Novirus, Acyclovir**

Dose: **IV 10mg/kg/8h for 7d** or **Syrup 200mg/5ml** can be used 1spoon every 4-5times per day
(Very expensive (50-60 L.E))

و يدويها في الميه بعد مايقسمها نصين كل 6 ساعات **Novirus tablet**

Also used in herpes zoster. For pain not regular use in chicken pox

2- Stomach

0.1 GERD

Over diagnosed → vomiting, regurge, (weakness of inlet of stomach)

Regurge → cough chronic, recurrent attacks of asthma, recurrent mouth infection, Aspiration, vomiting Prominent **+loss of weight** (D.D from over feeding)

Gastrograffin swallow and follow through

Barium contraindicated below 1 year

Irregular Breastfeeding

3 hourly from first day of 3rd month, No night breast feeding after 3rd month.

Except premature every 2 hour

If regurge بسيط

لازم تكرع البابي في وسط الرضعة و اخر الرضعة

كل 3 ساعات ترضعه بعد الشهر الثالث

مرتضعوش وهو نايم ترضعه و هو 45 درجة علي ايد الام

Assurance of mother. → ينام علي بطنه في اول شهرين aspiration, Areophagia relieved after feeding, Flatus pass easy, Relieve pain by compression.

نص حالات الترجيع كلام

تمارين المغص تتني رجل الولد علي بطنه

تتني رجل اليمين مع ايده الاشمال

وقف اي حاجة غير الرضاعة الطبيعية

If GERD

1-Domperidone syrup

1cm/kg/day divided into 3-4 doses قبل الرضعة بربع ساعة

Trade names: Motilium syrup, Motinorm syrup, Farcotilium syrup, Gastromotil

Syrup ~~no drops~~

Supp. 10 or 30mg used in vomiting, severe reflex used as antiemetic

1st drug of antiemetic

Domperidone other names also: **Synchro-Git**

Severe vomiting 1mg/kg/dose

كل 6 ساعات

2-**Gast-reg**

Syrup only

Injection after surgery (post operative)

1cm/kg/day into 3-4 doses

Remember the most imp diagnostic criteria → **loss of weight**

0.2 Gastroenteritis

Vomiting, fever, diarrhea, dehydration

Causes: Most common, highly frequency GE

حالات التراجع لوحدها

Vomiting: 3 حاجات

- Early GE ↑ Peristalsis → rotavirus
- CNS → projectile
- Fever, rigors, female → UTI misdiagnosed (Urine Analysis → pus cells)

D.D from infective GE: 3groups

	Freq.	fever	Abd. pain	Blood & mucous	Area affected	toxemia
Viral	High freq. watery diarrhea 10-15 motion/day	Low grade Or very high fever	Slight cramps, no pain	No blood No mucous	SI	No, although ± dehydration

bacterial	High frequency tinged with blood	moderate	Severe pain, mild straining	High blood, mild mucous	LI	Severe toxemia
parasitic	Less freq. semisolid	no	Severe pain, severe straining	Mild blood 10-12, full mucous ++++ Mild mal-digestion	LI	Very mild toxemia

Parenteral, (tonsillitis, UTI, meningitis)

Stool analysis for D.D (although not used in Egypt)

هنا في مصر استطامية

- » Viral: nothing, Mal-digestion, greenish color ↑ peristalsis → ↑ bile pigment → Severe napkin dermatitis
- » Bact. → pus cells > 10 /HPF (+2), Mucous minimal, Blood ++
- » Parasitic → Pus cells 1+, Ameobiasis → giardiasis mucous, RBCs 10-12
- » Fat globules → giardia دور علي الجارديازيز

Stool analysis used in Routine, Rotavirus, C&S (rotavirus is common in Late winter. Early spring)

Viral GE (Rota. فيروس العجلة, Enterovirus, Adeno)

Fever, vomiting اول يوم mild cong. throat

2nd day → Diarrhea start No or mild vomiting

Severe diarrhea, fever start to decrease, course take 7-14 day, Watery diarrhea

TTT → ORS اهم حاجة

Bacterial GE: E.coli, salmonella, shigella, campylobacter vibrio cholera

Parasitic: Ameobiasis, Giardiasis

TTT

1-**ORS**

وتتقلل الباثولوجي, **Rehydran, Rehydro-Zinc** تحسين الabsorption, هيدروسيف **Hydro-safe**

Dose: 60-100 cm/motion → لو الطفل اقل من 10 كيلو

100-140 cc → اكبر من 10 كيلو

Very slowly (↑ Absorption, replacement Na, glu. K, الكيس يتحل علي 200 سم³ ميه

2-no ttt for vomiting

Motinorm, Motilium Supp. after motion

In Egypt only we use → **Cortigen-B6** 50 ميلي جرام كل 12 ساعة

- 3- For pain
Antispasmodic (Hyoscine)
Buscopan
Farcorelaxin syrup
- 4- Antipyretic for fever
- 5- Baby Zinc
Reg. absorption of ORS, very imp, الكوالين زنك
Metallic taste, may start vomiting “only disadvantage”
Prophylaxis for GE, ttt for 2 wks.

ORS may be stopped → IV fluids if resisting

Never to Use Metoclopramide (*Primperan*)

- Extrapyramidal manifest
- Lockjaw, Abn. Behavior
- 0.1mg/kg/single dose
- Domperidone has Extra-Pyr. but mild toxicity
- antidote: **Akineton** ampule 1mg/dose /20 min iv بعيد الجرعة في بعد ثلث ساعة

① **Rhinostop** → corticosteroids “antidote”

Contraindications in GE

4 drugs

- 1- Anti-motility
كوالين و ديكان اكس
~~Washing out infect~~ >< → febrile
- 2- Abs → prolongation of GE, ↑ carrier state of salmonella (only ttt is cholecystectomy)
- 3- Shorten the period of GE
- 4- Constipating measure
Commercial use not proved → Stool hard → ممكن يخلي الام توقف العلاج
بزمز كوالين بكتين وورسن الكوندشن
- 5- Lactobacillus → has no role, although used in france

ANTIBIOTICS

4 indications

- 1- shocked → severely toxemic, septicemic

- 2- Shigella, campylobacter “specific media”, pathognomonic → Hemolytic uremic syndrome → Destruct RBCs → uremia
Streptoquin, Antinal,
 Convulsions + GE = shigella, severe blood, toxemic
 Culture 72 h to confirm
- 3- Prolonged diarrhea > 1wk

Choices

01. **Cefixime** 200mg/12 h in adult contraindicated أقل من 12 سنة
02. Sulphamethoxazole + trimethoprim
Spetazole 1cm/kg/day into 2 doses
03. Ceftriaxone used in E.coli, shigella
 50-75 kg single daily dose
 Trade names: **Rocephin** اعلي, **Cefaxone** vials 500, 1gm, **Cefotrix** ¼, ½, 1, **Ceftriaxone** sandos
04. Cefotaxime “**cefotax**” 100-150 mg/kg/day
05. Cephoprazone used 10/10 and 1st drug in Egypt but dangerous in pediatrics, Not in nelson or any web site كله كلام دعاية
06. Last drug *vancomycin* → اخر دوا تستعمله قبل ما يموت العيان دخل العناية المركزة
All Abs Use for 7-10(14) days

الناس القديمة اوي → *Chloramphenicol* was used in the past for short period → anemia, grey syn. And also is Contraindicated before 5y.

Parasitic

Ameobiasis *metronidazole*

Giardia 30-50/kg /3dose for 5-7 (1cm/kg) as (40mg/ml)

Encysted form diloxanide + metronidazole not used before 3 years or Paromycin [not in Egypt]

Above 3 years → **Furazol, Dilozone, Dimetrol**

Dose 2-5 y → 5ml /dose for 1 wk. او معلقة 3 مرات في اليوم لمدة اسبوع

If > 5 years → معلقتين 3 مرات لمدة اسبوع

Tinidazole Contraindicated dose: 30-40 mg/kg/dose


Protozole 500 1/day

Fladazole ميللي 500 جرام 2.5 ميللي → severe metallic taste

Secnidazole tablets

Dehydration

1- TYPES

- 01. Isotonic: normal serum Na
 - 02. Hypotonic: hyponatremic
 - 03. Hypertonic: hypernatremic specific management
- 
- Same Management

Normal Na: 130-150 (135-153)

Normal K: 3.5-5.3

Normal Hco3: 24

لازم في حالات الديهراشن و الحروق و بعد الجراحة Electrolytes

2- SIGNS OF DEHYDRATION

- 1. ant fontanelle: depressed
- 2. Sunken eyes
- 3. Lacrimation: no tears
- 4. Mouth: glazy tongue, woody tongue, thirst sensation
- 5. Chest, heart: \uparrow RR, heart rate \uparrow
- 6. Abdomen: skin turgor pinch
- 7. Urine output: good , \downarrow , oliguria, ازاي تحسبها
- 8. capillary filling time: Pinch of tip of finger, sudden release, Normal 1-4 sec
- 9. Degree of conscious, drowsy, semi-comatosed, conscious

Special Signs for Hypertonic Dehydration:

- a- Tongue woody tongue, very dry
- b- CNS manifestation: involuntary movement, convulsion generalized, also occur if bad management leads to brain edema

Dehydration= Loss of water, electrolytes

\uparrow Loss of water $>$ Na \rightarrow hypertonic

Loss of H₂O = Na \rightarrow isotonic

\downarrow Loss of water $<$ Na \rightarrow hypotonic

Dehydration \rightarrow history

Causes

- 1- \uparrow Loss: GE, burn, cystic fibrosis \uparrow sweating, DI, DKA, Intestinal obstruction.
- 2- \downarrow intake: herpetic stomatitis, ulcerative stomatitis, loss of appetite, comatose, shock, septicemia

History: How much, how many

1 motion = 200 cc fluid or solid

Vomiting amount and number

بیرجع كم مرة وبیسهل كم مرة - كمية الاسهال قد ایه - العدد و الكمية {بیعمل بزقه صغیره، بیعمل زي المیه}

2-Tears or not, 3- Tongue dry or glassy, 4- ant fontanelle, 5- diabetic or not, لا یعمل بول ولا

5- Weight diaper before and after urination (1gm = 1ml) or Urine collecting bag (for urine output), 6- Conscious level, disturbed or not

Degree of dehydration:

Mild, mod, severe

Loss of weigh (10 kg <>)

Degree	اقل من 10 كيلو	اکثر من 10 كيلو
mild	3%	5%
Moderate	6%	10%
severe	9%	15%

Rare in Egypt as there is no previous measures for weight

Ant fontanelle (up to 1.5 years) depressed, mild, moderate, severely depressed

Sunken eyes: also mild, moderate, severe

Tears: full, no tears, dryness of eye lost of luster

Mouth: glassy tongue, Woody tongue

HR: normal, ↑, tachycardia

RR: normal, tachypnea, severe tachypnea.

Skin turgor mild, mode, severe

Urine output: spacing, small amount, oliguria

Cap refilling time: 2, 4, >4 sec.

Maintenance therapy

IV fluids in 24h

First 10 kg (100cc/kg/24h)

2nd 10 kg (50 cc/ kg/24h) (1000+wt×50)

3rd 10 kg (20 cc/ kg/24h) = (1500+wt×20)

Type of solution: - Glucose: saline = 1:4

Isotonic, hypotonic

Shocked → volume expansion, loss of intravascular fluids, hypovolemia

To prevent multi-organ failure

Anti-shock therapy

20cc/kg/20 min if shocked for 3 doses

Over 1-2 h if not shocked

Ringer lactate, normal saline, ringer acetate

Deficient therapy

Mild dehydration: 40cc/kg

Mod: 80cc/kg

Severe: 120cc/kg

Over 8 h,

New deficient + maintenance ÷ 2 (half amount) over 8 h

Next half over 16 h

Glucose: saline = 1:1

— بانثول iv rehydration solution

K only if urine output good (1cm/ 100 ml محاليل)

كاديلاكس اللتر فيه 27 ميلي ايكوافلانت

500 فيه 13.5

reevaluation of child for degree of dehydration, can take oral treatment بعد 4 ساعات

If good shift for ORS to avoid over dehydration

وزنه كام — In rural areas

4 كوبيات محلول لازم تديهم في 8 ساعات

Rehydration by ORS, don't rush for IV fluids

Mild only if resistant vomiting

Replacement

10-20 cc ORS after every motion

If not oral